

The Care of the Deaf-Blind
by College of Teachers of the Blind
Two Copies

HV1663
.C
1942



**M.C. MIGEL LIBRARY
AMERICAN PRINTING
HOUSE FOR THE BLIND**

THE CARE OF THE DEAF-BLIND.

Being the Four Best
Essays submitted for

THE MACGREGOR PRIZE COMPETITION,
June, 1942.

Published by
THE COLLEGE OF TEACHERS OF THE BLIND.

Price 1/3, post free.

HV1663

4 C



**M.C. MIGEL LIBRARY
AMERICAN PRINTING
HOUSE FOR THE BLIND**

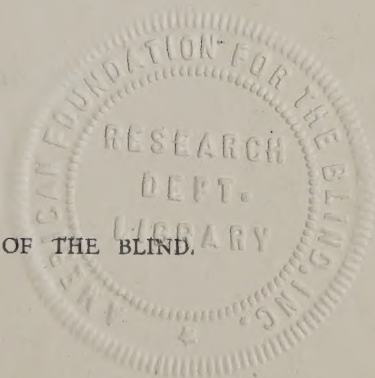
c.1

THE CARE OF THE DEAF-BLIND.

Being the Four Best
Essays submitted for

THE MACGREGOR PRIZE COMPETITION,
June, 1942.

Published by
THE COLLEGE OF TEACHERS OF THE BLIND.



36929-MIGEL

Hv1663

n

copy 1



INTRODUCTORY NOTE.

When Mr. E. D. Macgregor left the Blind Department of the Ministry of Health in October, 1926, there was a wide-spread wish on the part of his fellow-workers that his eminent services to the cause which they and he had at heart should be marked in some signal way. A sum of money was raised which, at Mr. Macgregor's suggestion, was invested so that the interest amounting to £4 4s. od. a year might be available as an annual award.

For the first few years the competition was limited to home teachers or those who hoped to become home teachers, and the prize was given for originality and skill in the teaching of Braille and Moon. It was then decided to throw the Competition open to all interested in work for the blind and to ask for essays on subjects which would call for original research and constructive opinion. In the spring of 1942 the subject of the essay was the problem of how best to care for the deaf-blind, and the response was good. Several of the contributions indeed reached a high level.

The first prize was awarded to Miss Amy Bland, of Leeds. A special prize was divided between Miss E. Mary Butcher, of Croydon, and Miss Mary E. King, of Northampton, while the essay submitted by Miss Edith M. Taylor, of Derby, deserved honourable mention.

The General Executive of the College decided that it would be well to have these four essays published in pamphlet form, so that by a wider circulation they might be of permanent and practical value to all who are concerned in this most difficult problem. The opinions expressed are, of course, those of the individual essayists, and for these the College, as such, does not accept responsibility.

The College is grateful to the Court of the Clothworkers' Company and to the Committee of Gardner's Trust for grants towards the cost of this publication.

J. M. RITCHIE, *Hon. Registrar.*

College of Teachers of the Blind,
Dorton House,
Buckinghamshire.

The Care of the Deaf-Blind.



The question to which answers
were sought was as follows:—

What are the problems which confront a social worker called upon to help persons belonging to each of the following classes?—

- 1.—The congenital deaf, who lose sight in infancy ;
- 2.—The blind, who lose hearing in adult life ;
- 3.—The deaf, who lose sight in adult life.

What steps can be taken to mitigate their double handicap in each case, and how can they be helped to lead fuller and happier lives? What organisations can be expected to co-operate with the social worker in the task?

ESSAY
submitted by
Miss AMY BLAND.

The problem of the deaf-blind is essentially an individual one. No two social workers called upon to help a deaf-blind person have to face the same set of difficulties. The particular hardships and needs of anyone afflicted with such a double handicap are influenced by many and varied factors.

Environment, social position, financial circumstances, natural intelligence, personal ability and inclination, the level of education reached, and the standard of general health must all be taken into account when considering any particular case. The essential nature of the problem, however, is largely determined by the degree and character of each defect, together with the cause and age of onset of either one or both defects. There is a vast deal of difference from the physical, mental, social and psychological aspects between a born deaf person who loses sight in infancy, a blind person who loses hearing in adult life, and a deaf person who becomes blind in later years. In each case careful and sympathetic understanding of the particular problems involved is necessary if the best kind of help is to be given.

1—*The Congenital Deaf who lose sight in Infancy.*

The type of deaf-blind people most severely affected by their double handicap are those who, born deaf, are stricken with blindness at an early age.

From the physical point of view alone theirs is the most restricted and isolated condition. Owing to the combined limitations of deafness and blindness, from the time of the onset of blindness and for the rest of their lives, their personal liberty and freedom of movement is severely hampered. Except within very confined and familiar limits they are unable even to move about alone. To leave the house, to go for a short walk, to do the simplest errands, to attend to all but the most elementary of personal necessities, unaided, is an impossibility. They are dependent upon the goodwill and service of others for even the smallest trifles. Inactivity and lack of sufficient exercise, inevitable consequences of their helplessness, may, and often do, lead to a more serious deterioration of general health, which renders them liable to constitutional weaknesses and small ailments of all kinds. Because they cannot help themselves, they are often faced with long hours of enforced idleness, when others are unable to come to their immediate assistance.

Some idea of what this physical restriction means is given by Helen Keller, when she writes: "It would be wonderful to find myself free of only a small part of my physical limitations. It would be wonderful to walk round town alone, with the key of the house in my bag, to let myself in and out, to come and go without a word to anyone, to read the newspaper without waiting, and to pick out a pretty handkerchief or a becoming hat in the shops." This problem of physical helplessness is an ever-present one and has constantly to be kept in mind and catered for in all dealings with the deaf-blind.

Severe as are the physical limitations, the mental and social restrictions which result from such a double handicap are even more serious. The handicap of deafness is one which has far-reaching consequences. In the case of the congenitally deaf child who loses sight in infancy it is the lack of all that normally comes through hearing that makes adjustment to and enjoyment of life so much harder. To be bereft of hearing from birth means that social intercourse and mental development are hampered, from childhood onwards. It is not so much that the sound of the human voice and the noises of the everyday world are cut out, as that the understanding of language, the ability to follow and take part in ordinary conversation is severely impaired. The born-deaf child has no means of receiving those constant auditory impressions which help the normal child to interpret and adapt himself to the world around. Because he cannot hear or understand what others say he is unable to express himself in the ordinary way. He has neither the knowledge of the words to use nor the power to utter them naturally.

The education of the deaf child is designed to overcome these initial set-backs. He is taught to understand simple language, both as spoken and as written. At the same time he learns to speak, though for him the process is an artificial and a laborious one and can never be wholly natural and easy. Too often, unfortunately, the resulting speech is slow and not readily understood by others. Deaf persons, growing discouraged at its reception, cease to make the effort and fall back on manual devices. The standard of attainment reached by the average deaf child is a comparatively elementary one. He can understand and use only the simplest of language, and socially is at a disadvantage all his life. He cannot mix with others on anything like an equal footing, and normal people invariably tend to avoid those with defective hearing, since the attempt to carry on a conversation is apt to be awkward and embarrassing.

These mental and social limitations, which are directly due to deafness, are intensified when the additional handicap of blindness has to be contended with. Before education of any kind can be begun, the difficulty of establishing communications has to be overcome. Progress in understanding and expressing ideas

is slow. The rate of education and the standard of attainment reached depend not only upon the natural intelligence and ability of the child, but also upon the degree of concentration, perseverance and patience that can be given to the task by both pupil and teacher alike. In view of the circumstances it is not surprising that in most cases only a very elementary stage is reached. The mental state of the deaf-blind person of this class is therefore considerably retarded. This factor has much to do with his peculiar isolation and loneliness. His relationships with other people are affected also, owing to his meagre powers of impression and expression. The task of befriending the deaf-blind person, despite and notwithstanding this tremendous barrier of mental inequality, is perhaps the social worker's greatest problem.

The psychological aspect is a complex one. Physical restriction brings in its wake inactivity, a sense of helplessness and an irksome dependence upon others, all of which are conducive to irritability, querulousness and frustration. Moods of despair, resentment, jealousy and childishness occur as a result of loneliness and brooding, and the terrible isolation of "the dark silence." Standards of conduct, religious and moral ideas, and all the abstract qualities that influence behaviour and character have to be learned from others as a result of direct and specific teaching. When such ideas are scarcely or imperfectly understood, awkward and unpleasant situations may arise. Ideas once grasped are difficult to eradicate, and stubbornness and narrow-mindedness are common traits. Even the strongest and finest natures would find it hard to struggle against such odds without being weakened, and when mental development is retarded and spiritual experience meagre, it is inevitable that the character and behaviour of some deaf-blind people should be adversely affected. It may well be that the social worker finds them difficult to get on with and hard to understand.

Many of the psychological problems would be non-existent if the deaf-blind person of this class could have a useful and profitable occupation. In the majority of cases, however, regular employment is out of the question. Either through ill health or poor mental development they are unable to find suitable employment, or master the intricacies of any technical training. Facilities for receiving instruction in such trades as basket-making, chair-caning, brush-making and machine-knitting are available at various centres for technical training for the blind, but not many congenital deaf-blind can take advantage of them or subsequently profit by them to any great extent. To all the other hardships of their condition is added therefore this extra burden of enforced idleness, which in itself encourages brooding, depression and mental and physical inertia.

In addition to these major problems, common to all the con-

genitally deaf who lose sight in infancy, there are special individual circumstances to be taken into account. The very poor, the ailing, the friendless and those who live in remote country districts are in need of extra attention and special care.

Loneliness is the greatest trial of the deaf-blind, particularly of this class. Because of their backwardness in general education they are unable to read for pleasure and cannot derive much consolation from books. Only companionship can relieve their isolation. Their most pressing need is for friends who can take a real, live, personal interest in them and who are willing to devote both time and thought to the promotion of their welfare and happiness. Such friends must make an effort to overcome the difficulties of communication by learning the manual alphabet, or Braille, or any other acceptable medium, and must adapt themselves to the conversational limitations imposed by the double handicap. Misunderstandings, disappointments, suspicion of motives, slights and evidences of apparent ingratitude have to be disregarded if confidence is to be won and the friendship established on a firm basis.

The pleasures of the deaf-blind are derived from simple things. A short walk, an excursion to town, a day in the country, a trip to the seaside, a shopping expedition, the opportunity to talk over family affairs and everyday events, bits of gossip and news : all these are treats which mean so much and which brighten life so considerably. If, in the long intervals of inactivity, the deaf-blind person has some such pleasant memories to dwell on much fretting and depression can be avoided. The deaf-blind need, too, friends in whom they can confide their private affairs, and upon whom they can rely when any kind of adversity befalls them ; someone to accompany them to the doctor or the dentist ; someone to fill up forms and explain all the complicated data that are required ; someone to give advice on such urgent present-day problems as rationing, the laying out of clothing coupons, registration and the like. All these are small services which are of great account in the lives of the deaf-blind.

It is good for the deaf-blind to have an opportunity of meeting and mixing with others like themselves. By comparing lots they can learn from and help each other in many ways. Social intercourse of this kind is usually made possible by the activities of welfare societies and institutes for the blind, or through deaf missions. As different arrangements obtain in different localities, first-hand information as to all such services can be had from the nearest blind or deaf institutes. In various districts, too, there are active groups of the National Deaf-Blind Helpers' League, which arrange meetings and socials for those who are able to attend and visit those who live in remote areas, or who are bedridden and cannot get about. The magazines of the League, *The Braille Rainbow*, and *The Moon Rainbow*, published quarter-

ly, give news of the welfare and activities of the deaf-blind in all parts of the country, and through their correspondence columns they can be linked up with one another. In recent years the establishment of a special holiday home for the deaf-blind, at Fellowship House, Hoylake, has been instrumental in bringing joy and happiness to many. Those who have been able to spend a short time at Fellowship House have gone away physically restored by the change of air and surroundings, and enormously enriched by the pleasures and joys which new companionships have brought into their lives. Memories of the wonderful time enjoyed are a source of happiness and inspiration long afterwards. If a deaf-blind person can be helped to have such a holiday the benefits of the experience will be inestimable.

The home teaching service, which provides those who go blind in adult life with expert tuition in Braille and special handicrafts, also extends its services to the deaf-blind. A teacher is provided to visit the home and help in any way possible, but owing to the shortness of the time at the disposal of the home teacher and the difficulty of teaching the deaf-blind the visits resolve themselves largely into social occasions. They are eagerly awaited and enjoyed by the deaf-blind, who seize the opportunity to exchange messages with their companions in distress, and talk over the news.

The provision of some kind of occupation is perhaps the finest means of bringing lasting happiness and fullness into their lives. If no trade can be followed, simple domestic duties or light gardening tasks should be found for them. Even if no remuneration is attached to the work, the physical exertion and mental effort needed are in themselves stimulating, and the feeling of being of real use restores confidence and self-respect. It is better for them to take part in the ordinary routine and to share in the daily household duties, doing simple jobs efficiently and regularly, than for them to spend the time making useless and unnecessary articles for which it is difficult to find any market. The more normal the life they lead the happier and fuller it will be.

In all dealings with this type of deaf-blind person the great barrier is the language difficulty. It limits both sides to an enormous extent. While allowing for the psychological effects of the double handicap, with their reactions upon character and behaviour, care must be taken to stress the capabilities of the deaf-blind.

The difficulties attendant upon services are great, but the amount of happiness that even the smallest attention can bring must be emphasized, and perhaps in no other sphere are the effects of service rendered so immeasurably beyond the sacrifice entailed.

2—*The Blind who lose Hearing in Adult Life.*

The case of the blind who lose their hearing in later years is very different.

The child who is born blind, and who is educated at a special school for the blind, can be equipped to face life with an outlook very similar to that of a normal person. The loss of all the colour and beauty in life, and the lack of all the pleasures that come to us through sight, can never be completely compensated for by any substitute. The physical restriction, the helplessness and inactivity which blindness imposes are hard to bear when even the maximum degree of independence has been achieved. Mentally and socially, however, blindness need not be an insurmountable handicap. The blind person can hear and talk, and is able to mix freely and easily with others. His education, once the reading and writing of Braille has been learned, follows the normal course, and he can reach a standard of attainment closely approximating to that of the ordinary person. Novels, magazines and periodicals published in Braille keep him in touch with the world around. More than anything else the invention of wireless has helped to break down the barrier of darkness. Concerts, lectures, plays, entertainments of all kinds, previously denied to the blind because of the difficulty of getting about without assistance, are now brought into the home. They can obtain up-to-date information on current events and topical subjects in common with others and need no longer remain isolated or out of touch. The adult blind person, therefore, has a mental background very little different from his sighted fellows.

Training for suitable employment in adult life is a special feature of the education of the blind. For those with exceptional intelligence or particular talents higher education is available, leading up to musical and professional careers. For the average blind person, normally intelligent, technical instruction in suitable trades is provided at blind institutions, and when training is satisfactorily completed employment can be obtained in the workshops attached to such institutions, where the competitive element is lowest. Those who are blind from birth and who are specially trained have therefore some suitable occupation to follow, though it may not necessarily render them financially secure or independent.

The onset of deafness threatens to change the tenor of life. Much which makes life rich and enjoyable is in danger of being lost. Conversation with those around, the consolation of music and the inestimable boon of wireless are all affected when hearing goes, and according as the loss is partial or complete, sudden or progressive, so is the isolation which sets in as a result. The hardest thing to bear is the inability to hear what others say. Communications can no longer be addressed to the blind person in direct speech, but must be transcribed into Braille, or spelled into the hand by means of the manual alphabet, or traced, a letter at a time, on the hand. Whatever the method adopted, intercourse is slowed down and becomes tedious and irritating. The

blind feel shut out and are apt to become suspicious of what they think is going on. Fortunately the nice sense of touch, highly developed as a result of their blindness, here enables them to adapt themselves to the new manual medium with rapidity, ease and accuracy.

They themselves can still talk to others in the natural way. If deafness is severe or complete, some deterioration of speech may set in, but tactful advice from friends and particular attention to any noticeable defect of tone or pitch paid by the home teacher should prevent any lack of intelligibility arising.

The psychological effects of an additional handicap may be considerable. When through accident or illness, such as meningitis, the loss is sudden and complete, shock may cause lasting mental instability. When, as is more usual, the loss of hearing is gradual and of a progressive nature the increasing helplessness and dependence upon others, the ever-growing sense of isolation and frustration, the consequent tendency to nervousness and excitability, and the corresponding loss of self-confidence, all have their effect on character and conduct. Despondency, resentment, bitterness and apathy have to be contended with.

Employment may be affected, temporarily, or to some considerable degree. In some cases deafness may interfere permanently with work previously done. In the case of the musician or the piano-tuner, deafness is the one impediment which is fatal to any future success. Facilities are available, however, for the blind person to receive special training to enable him to continue his former work, or to fit him for some other suitable occupation. Advantage should be taken of any kind of instruction which can lead to a useful and satisfying form of employment, so that the terrible consequences of idleness and inactivity may be avoided. In this, the co-operation of local blind institutes and welfare societies will readily be given.

The situation, though serious, is by no means hopeless. Familiarity with Braille, the ability to read and write in that medium, the power of natural speech, and the possession of a good mental background, as well as of a rich store of auditory memories, are assets of incalculable value. In order to promote happiness and contentment it is essential that life should go on as far as possible as before. To this end the blind person who goes deaf should be encouraged to cultivate all links with the blind, to whom he is still sympathetically allied. Old friendships should be kept up and former associations with clubs or societies in connection with the blind renewed. Through the medium of magazines and periodicals published in Braille, contact with events and opinions in the outside world can be maintained. Increasing enjoyment and consolation can be derived from the world of books, and mental stagnation can thus be prevented.

In many cases deafness is only partial. In all cases expert

advice and treatment should be secured, and anything which can be used to restore or compensate for defective hearing taken advantage of. Much can be done by the use of suitable hearing-aids to stimulate the hearing that remains. Deaf missions, working in connection with blind institutes, are willing to help in the selection and provision of such aids. After practice and training in the use of a hearing-aid beneficial results often ensue. It is important that deafness should be treated in the early stages, so that preventive and remedial measures can be immediately instituted.

Companionship and friendship, personal interest and sympathy are essential for the blind person who loses hearing, as for all deaf-blind people. He, too, needs help in the small details of life. He wants, however, to be treated as a sane, intelligent individual and to be offered help in the spirit of friendship rather than to be pitied, or treated as an object of charity. Given this kind of help he can be encouraged to use to the fullest advantage his mental and intellectual resources and so to adapt himself to his limited situation. His previous experience in the hearing world becomes the foundation on which a rich and satisfying existence is built.

3—*The Deaf who lose Sight in Adult Life.*

The nature and character of the problems to be met with in the case of the adult deaf person who becomes blind are fundamentally different again.

The deaf person grows up with a handicap whose consequences are not so much physical as mental and psychological. The far-reaching effects of deafness upon the mental development and social adjustment of the deafened person have been discussed in the consideration of the congenitally deaf child who loses sight in infancy. The adult deaf person of average intelligence and ability is limited in all his relationships with those around by his inadequate understanding of the speech and language of others and his own inability to talk naturally. He holds his own and remains independent and self-supporting, largely by substituting the sense of sight for the sense of hearing. In conversation with normal people, lip reading takes the place of listening. At work detailed observation of the process and the correct technique serves to supplement and clarify any oral or written instructions given. Intercourse with his fellow-deaf, when the interchange of ideas is carried on by means of conventional signs or by rapid finger spelling of words and phrases, letter by letter, necessitates acute watchfulness. Understanding of what is going on around him at any time depends upon his ability to see, since he is constantly ignored or treated as mentally incapable by those who do not realize all the facts of the problem of deafness.

When any illness occurs which affects the sight, when blindness is the result of an accident, or when, through overstrain or weakness, sight begins to fail, the outlook is serious.

The helplessness and dependence upon others which blindness imposes is a new and terrible prospect for the deaf person, who, despite all difficulties, has previously been capable of managing his own affairs. It is a condition which cannot be endured without fretfulness, impatience and resentment. The inevitable inactivity forced upon one used to freedom and liberty reacts upon the mental condition and general health, and is responsible for much of the ensuing depression and moodiness.

There is little to alleviate the loneliness and isolation now facing the deaf person. Lip-reading is an impossibility. The following of rapid finger spelling and signing is likewise impossible. The deaf person has no knowledge of Braille and no ready-to-hand medium of communication. There must necessarily be a blank interval between the onset of blindness and the re-education of the deaf person to adjust himself to it.

Through the services of the blind institutes and welfare societies, and particularly through the activities of the home teaching service, the deaf person can be taught to read and write Braille. But the learning of Braille, in its simplest form, is tedious. The sense of touch has to be refined and intensified before accuracy and speed can be acquired. The difficulties of formal language are even more apparent and the defects more pronounced when no other means of communication is available. The deaf person who has never been able to read for pleasure cannot now find the consolation and inspiration in books that the blind can get from them. The complication of reading in Braille is added to the difficulty of following the language—a formidable prospect indeed.

The manual alphabet must now take the place of finger-spelling, so that even conversation with deaf friends takes on new difficulty, and much of the facility and pleasure of such intercourse is spoiled. The normal deaf person, genuinely sympathetic and anxious to help, finds it difficult to include the deaf-blind in his activities and tends to leave him more and more to himself.

The loss of sight is invariably followed by the loss of employment, and training for trades of an entirely different nature is seldom practicable. To the prospect of increasing helplessness, isolation and loneliness is added that of loss of work and all the resulting financial and mental strain.

It is not surprising that the outlook seems hopeless and that it produces apathy, a lack of concentration and half-heartedness in struggling on against such odds.

Help can be obtained from the deaf mission. Only those who have an understanding of the problems of deafness can approach the task of refitting and encouraging the deaf to start life again.

When the threads of the new life are taken up the need common to all deaf-blind people is paramount. Friends to help and encourage, to relieve the monotony and loneliness, and to provide interesting and stimulating companionship, are urgently required. Deaf friends are especially welcome, since they understand the interests and outlook common to all people afflicted with deafness. Such friendships can be promoted and encouraged through the activities of the deaf mission. The National Deaf-Blind Helpers' League also is a source of valuable help in this respect and provides helpers trained and sympathetic, able to tackle the problems that arise, capably and promptly.

In many cases the loss of sight is not complete. If taken in the early stages many defects can be prevented from becoming more serious. As even the smallest degree of sight is of inestimable value no effort should be spared to ensure that deaf people with any kind of eye trouble receive immediate and expert attention. Through the co-operation of the National Institute for the Blind and the National Institute for the Deaf facilities exist to provide such treatment. Friends, relatives and interested helpers should make sure that full advantage is taken of such facilities.

It is of the utmost importance that the deaf-blind of this class be given some work to do. Employment, preferably of an active kind, which utilizes physical energy and prevents brooding, should be found. Only thus can the new burden of physical restriction be made tolerable and the independent spirit of the deaf person be satisfied. Any household task, such as sweeping carpets, dusting, bed-making, lawn mowing, which demands real effort is good, both for the physical and mental health of the deaf-blind person.

Outings, treats, holidays, regular visits to social gatherings and meetings of the deaf and of the deaf-blind all play a large part in making life full and happier.

As in every case, personal interest is what counts for most and which alone can bring richness into life. Individual attention and intimate contact are necessary to counteract the sense of remoteness which deafness and blindness provoke. To be treated as a fellow human being, to be told of little things as they happen, to be given a share in the common tasks, and to be allowed to forget deafness and blindness by being absorbed into the normal routine, are the things which help to make life bearable.

Service to the deaf-blind is by no means a one-sided thing. The brave spirit and courageous fight put up by many of the deaf-blind are an inspiration to all who come into contact with them. Despite the severity of their handicap they remain cheerful, patient and brave. With everything to depress and embitter them, they can still find things to laugh at and retain a sense of

humour. There are many whom it is a privilege to know and whose friendship is valued highly by those more fortunate than themselves. So, while remembering the difficulties which beset them, we must not fail to pay tribute to the way in which they meet their limitations with forbearance, courage and resignation.

In the words of a deaf-blind person: "There are riches to be garnered by the seeker. There is inspiration and uplifting exaltation to be found by the person who is good enough and big enough to cross the threshold and mingle with those who dwell in the little rooms behind the silent façade."

ESSAY

submitted by

Miss MARY E. KING.

"That which we have seen and heard declare we unto you," said the apostle John, "that ye also may have fellowship with us." Fellowship is the outstanding need of the deaf-blind and it is no mere coincidence that the popular holiday home for the deaf-blind should be called "Fellowship House."

This fundamental and peculiarly pressing need for fellowship applies equally to all three categories of deaf-blind people under discussion, although of course the best ways of meeting this need will vary somewhat according to the differing conditions of the three classes. What a social worker has to do is first of all to help them to make real contact with their normal fellow-citizens and with other handicapped people like themselves, and then it will be easier to secure their participation in some of the occupations and social activities of the sighted and hearing world which are still open to them. It is only when this problem of meeting the need for fellowship has been at least partially solved that the deaf-blind people will find the incentive which will make them wish to lead a fuller life, and to make their own effort towards achieving it.

The first class to be considered, that is, the congenital deaf who lose sight in infancy, is a particularly difficult one to help. In actual practice it will be the trained nurse of a special home, or the trained teacher of a special school, who will have the largest part to play in their lives, until as adults they take their place in the outside world. Because social intercourse is chiefly a matter of language, the comprehension and appreciation of language is perhaps the first problem to be tackled. Everyone who has read the account of Helen Keller's early childhood will remember that the sudden realization that everything had a name and that it was possible to "talk about things," as well as to feel them, was the turning point in her life. Water was not only the thing that was trickling over one's fingers, but it shared something with all similar phenomena in the world—it could be described by a wonderful and mysterious thing called a word. The congenitally deaf who have also never seen the written word, or at least were blinded when too young to read it, must be taught something of the use and beauty of language. A start must be made in pre-school days, so that whenever a deaf-blind infant is for any reason not sent away, but is brought up in its

own home, the social worker may be called upon to help in the early stages with these particularly difficult problems. A hearing child has learned the rudiments of speech by the time he is twelve months old, though he himself may not yet be able to talk; a deaf child of that age equally well understands the language of elementary signs and gestures, so that when he loses his sight those signs and gestures must at once be communicated to him by touch, most conveniently of all by signs upon his hands.

It is persons in this category who are most often unable to speak, which of course constitutes a further problem for the social worker. It is relatively easy to learn the manual alphabet and to use it oneself, but it is extraordinarily difficult to "read" when it is spelt upon one's hand, even slowly, by a deaf-mute. When considering the second class, and to a certain extent the third class of deaf-blind folk, there is the problem of helping them to retain their power of speech as far as possible. This is an important problem, as success in this respect not only makes it easier for the deaf-blind person to maintain contact with others, but it helps him to understand the "livingness" of language and its essential connection with human speech. With constant practice deaf people are able to retain a fair degree of clarity in their speech. When an evacuated deaf-blind man whom I knew was looking for a fresh billet a neighbour of his said to me: "I would take him myself if I had room—he's always so cheerful; he's always whistling and singing to himself." Deaf and blind, this man was apparently determined not be dumb.

The problem facing the social worker in connection with the second class under consideration, namely, the blind who lose hearing in adult life, are mainly social problems. These people are already limited industrially to the restrictions of the blind and have adapted themselves as best they can to those limitations. If they are trainable for employment as blind persons they will already have been trained; if they are not trainable they will have made what progress is possible in pastime occupations specially adapted to blind people. Their greatest new problem will be how to maintain social intercourse and to keep in contact generally with their relatives, friends and the outside world. It is strange, but illuminating, that blind people so often say it must be "worse to be deaf." Intercourse by speech is to them the most precious thing they still possess, and the one dread of those facing the onset of deafness is that their friends will no longer take the trouble to visit them and speak with them.

Various psychological difficulties arise, not the least of them being a quite common increase in morbid introspection and a deep suspicion of other people and of their intentions. They tend to withdraw more and more into themselves. Not being so adaptable as youth, they are apt to sit back, rather overwhelmed by the double handicap, accepting it either with resignation or

with bitterness, according to their nature. They suspect their friends of pitying them and tend to repulse the kindly-meant efforts to rouse them from their lethargy. Difficulties occasioned by their blindness seem to increase; unable to hear their own footsteps they find their ability to get about alone diminishes, and as a consequence their confidence also lessens. They miss the familiar wireless; difficulty in getting news leads to anxieties and fear of imaginary disasters. The concerts and social gatherings arranged for the blind are no longer of any use to them, and although they can still continue with their Braille reading and handicrafts they need individual help, and the manual alphabet at first seems so slow and cumbersome.

In considering the third class of deaf-blind folk there will be the problem of employment, if possible, or the provision of occupational interests where economic employment is impossible. Deaf people, though handicapped professionally and industrially, are not so limited as the blind, nor so dependent on others for getting about and carrying on the many activities of normal life. When blindness is added to their difficulties their means of livelihood is usually lost, and their dependence on the personal help of others in, for instance, shopping, catering for themselves, etc., is immensely increased. Social intercourse, though it becomes considerably more difficult, requires relatively minor adjustments compared with the other problems enumerated. In my opinion it is this third class of deaf-blind folk which presents the most problems, but on the other hand it is this class for whom most can be done, at any rate immediately following the onset of blindness. To begin with, they may have been having a great struggle financially to make ends meet. They are now eligible, if 40 years old, for the State pension and are in any case entitled to domiciliary assistance from their appropriate local authority. While deaf they may have found it impossible to get adequately remunerative work, especially in times of keen competition for jobs, yet there was no state provision for them as a special class and they had to rely on voluntary agencies. Now, they are assured of an adequate allowance and a fairly comfortable standard of living. The greatest problem, therefore, that this class presents to the social worker is that of helping them to bear the sudden loss of independence—undoubtedly the greatest burden the blind have to shoulder. For these newly blinded deaf people the problems of the use of leisure in pleasurable occupation of some kind, of the need for outdoor exercise and the general one of finding out how to be as self-reliant and independent of others as possible, are mainly those of the ordinary blind person, but there is in this case the further problem for the social worker of how best to maintain effective contact with them.

Those very few deaf-blind people who have been trained and have found full-time employment, who are incidentally almost

always among the first category under consideration, do not usually need the services of a social worker (in the narrower, professional sense) so urgently as those making up the vaster number of unemployables. But even here there are problems to be tackled. The well-educated deaf-blind can sometimes find employment in literary work. The work of Dr. Helen Keller is too well known to need introduction, but less well known is the fine work of, for example, Mrs. E. M. Taylor and Miss Frieda Le Pla. All three writers owe much to the help of "social workers," professional or otherwise, and have acknowledged their debt in their writings. Only they themselves know how great were the difficulties and problems to be solved before they were able to find full expression in this way. The average trained deaf-blind person is, however, engaged in manual occupation in workshops or as a homemaker and his social and domestic difficulties are problems for our social worker. For these few fortunate enough to be employable the main task of the social worker will be to meet first the spiritual need for fellowship, and secondly, according to the type of employment followed in working hours, a physical or a mental recreational need. Would an evening social club be helpful, and, if so, how can it be organized? What handicrafts are open to those who need a more congenial occupational interest than their work can supply? Can outings be arranged? What can be done to meet the need for congenial holidays? There are about 3,000 deaf-blind people in Great Britain, of whom only a tiny fraction are employed, and it is only natural that apart from the differences in the three classes mentioned their needs also vary according to temperament and their varying mental and spiritual outlook.

Let us turn now to the steps which can be taken to mitigate this double handicap and consider the existing organizations which might co-operate with the social worker.

If anything can be done to improve either the sight or the hearing it need hardly be said that the social worker can give much help in securing treatment. Visits to ophthalmologists have to be arranged, and to opticians when spectacles are prescribed. The usefulness or otherwise of hearing-aids presents many problems. A social worker can help a great deal in discovering whether any aural aid is possible. The deaf should be warned against purchasing expensive instruments which may be useless in their individual cases, and the social worker can often arrange to take the deaf man to have his hearing properly tested by means of a pure-tone audiometer, and can, if necessary, apply on his behalf to the local authority to meet the expense. Mr. Edward Evans, headmaster of the East Anglian Schools for the Deaf and Blind Children, has suggested that deaf schools who usually have audiometers would probably co-operate in this testing. The British Wireless for the Blind Fund will help by allocating

their more powerful sets to blind people who are only partially deaf, if the greater volume helps them.

Help for the deaf-blind is essentially a matter of personal service. A deaf-blind person does need one or two friends who will visit him regularly, take him for walks, or to church, and acquaint him in a general way with the life going on around him. The social worker must recruit other voluntary workers to help him in this task, and there are several organizations whose job-masters are on the lookout for just such opportunities for social work as this. Among those organizations unconnected with blindness or deafness which may nevertheless supply voluntary helpers are churches, missions, Toc H, youth organizations of various kinds, the Y.M.C.A. and Y.W.C.A., and at the present time the W.V.S., all of which are in touch with public-spirited, socially-minded men and women willing to undertake work of this kind. In taking the deaf-blind for walks the experienced social worker can help these volunteers by trying to increase the confidence of the deaf-blind person, so that the undoubted strain of heavy leaning, or unsteadiness, is reduced.

All local authorities have specific duties regarding the blind people in their area, and they would undoubtedly be willing to co-operate in what ways they can with a social worker helping their deaf-blind cases. Again, all the voluntary associations for the blind—national, regional and local—could be expected to co-operate. Where problems of deafness arise there are voluntary societies for the deaf, again national and local, which would give the social worker the benefit of their specialized knowledge and experience. It would perhaps be true to say that more has been done on the whole for the welfare of the blind than for the deaf. The blind community is more organized and more closely knit than the deaf, no doubt owing to the fact that the State has taken over more control, but every advantage possible should be taken of the facilities offered by existing organizations for both blind and deaf people. Being more confined to voluntary effort, societies for the deaf usually have a more religious and philanthropic basis than do those for the blind, and much of the best social work is carried on by missionaries, some hearing, some deaf.

We have said that a social life of some kind is necessary to these doubly handicapped people, and in order that this shall be as full as possible clubs are essential. A small club is not only more practicable, but is in every way preferable, as a fair degree of intimacy is necessary when individual contacts must be made. The help of a considerable proportion of sighted folk is inevitable, and once again local churches and institutes will provide invaluable help in this way, not only in finding personnel, but in providing suitable premises for such meetings. When summer outings or rambles can be arranged with the same nucleus of club members the recurring problem of outdoor exercise is partially

solved. The pastime clubs of the London County Council and Indigent Blind Visiting Society in London, and those of the local blind associations in the provinces, will readily co-operate in the instruction of handicrafts and in the supply of materials.

Where it is blindness which has followed in adult life, the social worker should in every case encourage these people to keep in touch with their own deaf and dumb institutes and clubs. The sighted members of these clubs will be invaluable in taking the trouble to converse with the deaf-blind, in taking them for walks and looking after them at their socials and so on. In the playing of games, too, the deaf and the deaf-blind should be able to keep in touch. Chess, draughts and dominoes should be possible with their quick use of the manual alphabet, and card games, when once Braille (or Moon) has been mastered sufficiently to use embossed playing cards.

One of the greatest pleasures of life which still remain to mitigate this double handicap is reading. This must of course be by embossed type, so the problem of learning Braille or Moon has to be tackled, at least in dealing with the third class under discussion. Persons deaf and blind from infancy will usually be able to read and write Braille, and those in the second category, too, provided they lost their sight early enough in life to master the system. Deaf people who lose sight in adult life are, however, very much handicapped, in that they are not likely to have studied these systems and are at first unable to read. The problem which confronts the social worker in his efforts to help these newly blind is that of adapting their knowledge of the manual alphabet to the deaf-blind method of use, and then of teaching them to read either Braille or the Moon system of embossed type, according to their age and capacity. The non-specialist social worker should here get in touch with the trained and professional social worker. Both the local home teacher for the blind and the district missionary for the deaf and dumb will be able to give professional advice. In practice it may be that the home teaching service provided by the local authorities or local blind associations can best give the actual instruction, but where this is not possible the home teachers can pass on to the social worker instructional literature and apparatus for writing Braille when this is needed. The National Library for the Blind (from London or its Northern Branch) will help by the free loan of Braille and Moon literature, and in necessitous cases will pay carriage both ways.

In discussing the value of those organizations catering specifically for the blind or the deaf I think first place must be given to the National Deaf-Blind Helpers' League, founded in 1928 and with headquarters in Birmingham, which does so much for their welfare. People in all the three categories should be put in touch with this League. In its own words, "the League

exists to brighten the lives of the deaf-blind, to provide them with a holiday home and hostel, and to give them opportunities for friendly intercourse." The League has over 1,000 members and associates together, and many of these keep in close touch with one another through Braille correspondence. The League arranges local parties and outings and gives financial aid to its members through "boblets" (pocket money) and half-price Braille watches, Christmas gifts, and so on. Reunions in London and Birmingham are one of the most popular features of the League's work. Social workers are needed both at these reunions and in the preliminary work which is undertaken to ensure their success. An illustration of the extra care which is needed in preparing meetings of this kind is shown in the circulation of Braille lists of persons expected to be present, so that the deaf-blind people are able to ask for their friends.

In the provision of congenial holidays for the deaf-blind of all three classes the National Deaf-Blind Helpers' League again leads the way. Fellowship House, at Hoylake, opened in 1936, and later extended, is now too small for the need. The National Institute for the Blind has now opened a permanent Home for the deaf-blind, accommodating normally 48 men and women in equal numbers, at Harrogate, so that the social worker, faced with the problem of finding a Home for an aged or friendless deaf-blind person, will find in this Home comfortable accommodation specially suited to his needs. The National Institute's other homes, both permanent and holiday, also accept deaf-blind men and women, when possible.

These two organizations also co-operate in publishing the *Braille Rainbow* and the *Moon Rainbow*, quarterly magazines devoted to the interests of the deaf-blind, which circulate news of the League's activities and of its members. The correspondence columns have been the starting point of innumerable pen friendships among the deaf-blind. The Braille Correspondence Club, with an office at Kilburn, will also help the social worker to find pen friends for the deaf-blind and will supply them with magazines.

The National Institute for the Blind, already mentioned, will co-operate with our social worker in many other ways. In addition to the work of its consultative Committee on the Deaf-Blind it can give the social worker practical help of all kinds. Not least of these is the supply of special apparatus, games and embossed books and magazines. The social worker should learn what is available. Braille maps help the deaf-blind to follow the war news. Braille machines facilitate the writing of letters to their blind friends, and possibly in the copying of Braille volumes for the National Library, the transcription into Braille of handicraft instructions, printed knitting patterns and so on. The first time I came in contact with a deaf-blind man I was amazed at

the number of pen friends he had, particularly among the hearing blind. It would have been almost impossible for him to find time to conduct all this correspondence without the use of the Stainsby-Wayne Braille machine which had been given to him. Braille watches are particularly useful to the deaf-blind, and also typewriters for writing "sighted" letters, portable models being obtainable at reduced cost from the National Institute. Many of their puzzles and games specially adapted for the blind can equally well be a source of amusement to the deaf-blind.

Some of the problems our social worker has to face are connected more closely with deafness than with blindness, and here the societies for the deaf will co-operate. The Royal Association in Aid of the Deaf and Dumb, and the National Institute for the Deaf, both with headquarters in London, organize relief work on a national and regional basis. The regional scheme operates through local missions or societies for the deaf, with salaried missionaries, who are in charge of all the deaf and dumb adults in their districts. This scheme could and should be utilized more fully by social workers for the deaf-blind. Divine service at chapels for the deaf and dumb can easily be transmitted by a sighted worshipper to a deaf-blind companion, and the social worker, perhaps himself not nimble enough at the manual alphabet, should arrange for a deaf member of the congregation to help in this way. It was interesting to hear that, with the co-operation of the local home teacher for the blind and the district missionary to the deaf and dumb, a class for the deaf-blind was started at Sheffield in 1936, and if it survived the many difficulties the social worker would no doubt be allowed to benefit by hearing of the problems the class has met and solved. At the Harrogate Home, mentioned above, where every effort is made to give the residents a happier and fuller community life, handicraft instruction has also been given and has been very successful, although in many cases the pupils were complete novices in the crafts.

A word should be said about other Homes which will take deaf-blind folk, although on the whole the latter do not usually wish to live in Homes. Where possible the social worker should ascertain whether blindness or deafness seems to be the greater handicap, and apply to Homes organized by the blind or deaf societies respectively. There are at least three Homes for the deaf which will take blind cases. These will probably be most suitable for people in the third class we are considering. The Royal Association, mentioned above, has a Home at Belvedere, Kent, for deaf and dumb men, and keeps six beds for deaf-blind men who are otherwise fit. A British Home for Deaf and Dumb Women, at Clapton Common, will take up to eight deaf-blind, and at Wolverhampton the Besemeress Home for Women has expressed its willingness occasionally to take a deaf-blind case. If the social worker wishes to find a home for a necessitous

deaf-blind child, Dr. Barnardo's will help, and for the child needing a residential school there is the well-known East Anglian School for the deaf and dumb, with a department for the deaf-blind. This school, normally at Gorleston, and now in South Wales, takes children from a wide area. For adults there is naturally a wider choice, and it should be possible in time to bring to an end the present practice of putting these deaf-blind cases into the various poor law institutions. The Indigent Blind Visiting Society will take women with this double handicap at their permanent and holiday home at Maldon, as will the Birmingham Royal Institution for the Blind in the Cowley Home. All the holiday and permanent homes of the National Institute for the Blind will take deaf-blind cases if they are otherwise suitable. For Catholic deaf-blind men and women there are homes at Liverpool. Homes for the Blind at Bolton, Hull, Bradford and Leatherhead have also expressed their willingness to co-operate in this task, and the North London Homes have often given shelter to old people who have lost sight and hearing. The St. Dunstan's Home, normally at Brighton, accepts deaf-blind men who have lost their sight through the last or the present war. It is usually the feeble-minded or infirm deaf-blind people for whom the social worker can find no appropriate home, and if these folk have to remain for the time being in poor law institutions and hospitals there is still some help which can be given them to mitigate the hardships of their double handicap. Instruction can perhaps be given in simple handicrafts, such as knitting and basket-making with straw plaits. The manual alphabet can sometimes be taught to these backward men and women, especially if a sighted inmate can be found who will be sympathetic enough to give them help and encouragement between the visits of the social worker. Even a little progress in this method of intercourse will give them immense pleasure and enable them to feel some kinship with the world around them.

The social worker is often hard put to it to find opportunities for physical exercise for his younger people. The lack of willing guides, particularly during working hours of the day, often means that the deaf-blind man or woman has to sit long hours indoors with little or nothing to do. In London the Sports Club for the Blind will welcome deaf-blind members whenever possible. The social clubs for the blind already referred to will occasionally be able to organize rambles and outings by coach or special train; the Servers of the Blind League also arranges healthful holidays for its club members, and deaf members would no doubt be given special help. The Guild of Blind Gardeners would willingly help a deaf-blind member with instruction, personal advice, and with cheap seeds, tools, and so on, if a little sighted help is available. St. Dunstan's, who will give any help possible to those deaf-blind persons whose blindness is due to war, are particularly interested

in this problem of outdoor exercise and give training in gardening, poultry keeping, and so on. The East Anglian School have proved that swimming is not only possible, but can be a most enjoyable exercise for the deaf-blind youngster, and this sport should give increasing scope for the active social worker. The latter will find that swimming baths in large towns often have a larger and a smaller swimming bath, and on week-days the latter is often nearly empty and affords safe practice for the beginner.

Where the deaf-blind person is fortunate enough to have a garden of his own the social worker can help by arranging for a rail to be fixed round it, so that he can safely walk there alone. The planting of sweet-smelling flowers and shrubs will make his walks more pleasant and help him to know just where he is.

In conclusion, it may be again emphasized that however much the State does for their material comfort, however many facilities the various organizations may provide in the way of apparatus, class instruction and the provision of homes, etc., the outstanding problem will always be the question of meeting the great need for personal friendship, so that we may break through their isolation and pass on to our deaf-blind friends as many as possible of the sights and sounds of the world which are shut out from them. That which we have seen and heard we *must* pass on to them if they are to have fellowship with us.

ESSAY
submitted by
Miss E. MARY BUTCHER.

I.

When a baby learns to walk and talk and feed itself it learns to do these things by imitation. How often has it been noticed that the first or only child is slow in talking, whereas a child brought up amongst other youngsters talks earlier. A baby when learning to do these things, which in later life become almost reflex actions or habits, learns by copying the actions of those around him. For instance, he learns at various stages of his babyhood to laugh, to crawl, to walk and talk and feed himself, but he learns to do these things because he sees and hears those whom he loves doing them also. He receives the stimulus for all these actions through his senses. Moreover, it is the senses of sight and hearing which are of most value to him.

Now a child deprived of both sight and hearing will obviously not develop normally. The extent to which development will not be normal will depend, among other things, on the handicap and the age at which it occurred. Let us digress here and shortly consider another inter-related problem. How and when will it become apparent that the child can neither see nor hear? Unless there is some definite disease which has been discovered, or, alternatively, some deformation, it is possible that the deafness in the infant may be overlooked until it becomes apparent that the child is backward. A deaf child babbles quite naturally until it is about two years old, and it is possible that it will not be until the child should be talking that there will be any reason to suspect that the child is deaf. It is possible, too, that if blindness has already been detected, backwardness may be attributed to that and a further handicap will not be suspected by the parents. Similarly with blindness it may be overlooked by the child's parents until it is obvious that the baby is backward and the reason for it is investigated.

Assuming, however, that both deafness and blindness have been ascertained in our infant what is the problem which confronts the social worker?

All those who are associated with the baby in any way have before them a colossal and formidable task. They are faced with the problem of training and educating a baby deprived of two of its five senses, and, moreover, the two which make available to us the higher functions of the mind. Without either we are on a level with some of the lower forms of life and have been thrown backwards very suddenly many stages in the evolution of man.

If we consider that a blind child throughout its education is encouraged to develop and use its hearing to compensate as much as possible for the lack of sight, and that a deaf child is likewise encouraged to use sight in ways in which people possessed of both hearing and sight do not do, we can realize more fully the tragedy and the burden of life without either of these senses. To be without one of these senses causes hardship enough and sometimes makes life a burden; to be without both relegates one, in the first instance, to the level of an amoeba. Yet it is the duty of the community to make some attempt to alleviate such suffering.

The blind baby is taught by means of hearing and touch, the deaf baby is taught by sight and touch, the deaf-blind baby must be taught by touch alone. The only contact which can be made with the central nervous system and the brain must be made by the sense of touch. Spatial perception will have to take the place of visual perception. Communication by touch will also have to take the place of hearing.

The task of training the baby during its early formative years will fall on the parents of the baby. Their constant help and vigilance is essential, for it is they who are in closest touch with the child. Here lies the social worker's task. She herself will only visit the home periodically at short, regular intervals if she has time.

Before we come to details of the first and elementary training it would be as well to digress again and consider the attitude of the parents. They have before them a hard task for which, temperamentally, they may not be well suited. Added to that, also, they may be harassed and bitterly disappointed that their baby is afflicted. Being embarrassed and disappointed will render them less able to face the task, and it is a factor that the social worker must take into account and, if necessary, allow for. They will need and deserve constant encouragement.

To facilitate description we will call our blind-deaf baby, Peter. One of the first things that Peter will have to be taught will be personal cleanliness. He may have developed already wet and dirty habits. Training the child in regular habits, by giving him the necessary attention at short intervals and gradually lengthening them, will teach him to be clean. The problem is not unlike that of teaching a young mentally defective child to be clean. Similarly enuresis at night, if it has not a physical cause, can be cured by giving the child attention two or three times during the night. Peter will probably have to be taught to crawl, to walk, and later to feed himself. All this will take time, maybe years instead of months, and will call for constant attention from the parents or guardians. This does not mean that at this early stage there will be nothing for the social worker to do. Far from it, for once she has gained the confidence of the mother she will

be able to lighten her burden by being ready to discuss her minor troubles and to offer solutions. An outsider is often able to spot a cause of difficulty and to suggest a remedy where those in daily contact cannot do so. When Peter's mother is disheartened and depressed and feels that her baby is too much for her, as no doubt she will do, the social worker will be able to encourage her with some fresh idea or suggestion. She might tell her about Helen Keller and the books she wrote, or give her the titles of some, so that she could get them for herself out of the library.

The next and most urgent problem will be to attempt to communicate with Peter. Up to now Peter and his family have only been able to communicate with one another, if at all, by gesture; a very inadequate and inaccurate means of talking. Our next problem then, is how to teach Peter the manual alphabet. The social worker who is wise will already have taught Peter's parents to use and practise the finger language, so that when the time comes for Peter to learn they will be able to help her in her work. I suppose that nearly everyone to-day is familiar with the almost classical example of how Mrs. Macy taught her pupil, Helen Keller, the manual alphabet. Of how by taking her into the garden to the well and putting her hand into the water and then spelling WATER on to her hand many times she was able to make Helen Keller associate water with the letters WATER. Mrs. Macy continued in this fashion until she had provided her pupil with the means of communication by touch. A word of warning here. The pace may be slow, very slow, and Peter may not have the ability or the memory of Helen Keller. Patience will be needed, but if communication is successfully established between Peter and his family it will save him from a life of complete isolation and imprisonment. Patience will have been rewarded. Even when a mastery of simple words has been accomplished Peter's progress will be slower than that of a child who speaks normally and his vocabulary will only slowly get larger.

Pestalozzi, Montessori, Fröbel, Decroly, have all advocated learning through doing. Peter's most useful source of education will be through doing things. In his pre-school days use can be made of the apparatus devised by these educationists. Much of the Montessori sense-training apparatus will be invaluable, although some of it, such as the colour matching apparatus, will be useless. Montessori's solid wooden insets, the tower, the broad stair, the long stair, will all train Peter's fingers. The buttoning and lacing frames might be more useful if made as a coat and jacket which Peter can fasten on to himself or any little playmates he might have occasionally. The touch boards will teach Peter to discriminate between rough and smooth surfaces, the fabrics will teach him the variation between materials. The wooden tablets made of different kinds of wood, each packed in separate boxes, are designed to teach discrimination in weight.

The geometrical shapes will teach Peter the difference between a square and a circle, etc. Other educational apparatus can be adapted for Peter's use as well. With a fret saw, some ply wood and glue much can be done. For instance, a piece of number apparatus usually made in card about three inches square might be made double that size in $\frac{1}{8}$ or $\frac{3}{16}$ inch plywood. It consists of ten pieces of card, each with one corner cut off, on which is one number from 0 to 9. It is so arranged that the shape of each corner piece which has been cut off is different and will, therefore, only fit on to the piece of card from which it has been cut. On the larger piece of card are marked squares, the number in each case corresponding with the symbol on the corner which has been cut off. The child has to find the appropriate corner which fits the card and he then puts one bead on to each of the printed squares on the card. He thus learns to associate two beads with the symbol 2, and later to arrange them in order from 0 to 9. By putting the Braille number signs on to the wooden corners and by arranging for the printed spaces on the larger piece of wood to be insets into which the beads can be fitted, we have a useful piece of apparatus which will amuse and teach Peter. Among his toys Peter should have wooden animals, birds, trees, which, if they are made in size approximately relative to each other, will give him some idea of the variation in the sizes of animals and trees and birds. He will have little conception of size and will be like the blind Hindu, who when he was shown an elephant, felt one of the legs and said that an elephant was like a tree. The variety of his toys can be as great as the toys of normal children, provided someone has the time and ingenuity to adapt toys and apparatus for his particular use. It would be a fascinating occupation for a social worker, if she had the necessary time, but if the parents are interested they may, with a little guidance, be able to make many of Peter's toys themselves. Side by side with all this, Peter's language training must and should go on.

Although the teaching of Braille should properly come within his school activities, yet the introduction of some of the Braille signs on his apparatus will be a useful preparation for school. That these first Braille signs are much bigger in size than the usual Braille will not matter; Peter's fingers are being trained and he will learn to use smaller symbols as he grows older.

All this time Peter has been preparing the way for school, but it cannot be expected that Peter, who is so severely handicapped, will be ready for school at the usual age of five or thereabouts. Nevertheless it is hoped that the day will come when our social worker will be asked where Peter can go to school. Unfortunately for Peter there is very little choice in this matter. There is no special school for deaf-blind children, although Dr. Barnardo's have one home for deaf and dumb and blind children, and would,

I suppose, admit a necessitous deaf-blind child. There are a number of special schools all over the country which educate either deaf children or blind children exclusively, but owing to the difficulty of adapting their special methods to the double handicap of blindness and deafness these schools are not usually willing to admit a child who is both deaf and blind. There are, however, some special schools in this country, Gorleston-on-Sea and Stoke-on-Trent, according to the handbook of the National Institute for the Deaf, but the Board of Education's list gives others, where the school has two separate departments, one for the deaf and one for the blind. As they have specialist teachers for each department, these schools will sometimes admit a doubly-handicapped child.

The problem of the lack of special schools for the deaf-blind has been given serious consideration by the National Institute for the Blind in conjunction with the National Institute for the Deaf, assisted by experts who have had previous experience with deaf-blind children. The two Institutes agreed that the best method of dealing with children doubly afflicted was to place them in a school which has departments for both the deaf and the blind. The National Institute for the Blind has agreed to admit blind-deaf children to its Sunshine Homes if they are teachable. If Peter's home is not satisfactory he might be recommended for admission to one of the Sunshine Homes for blind babies.

There is another possibility. If Peter's parents are able they may like to engage a special teacher for their baby, as did the parents of Helen Keller. There are two obstacles in the way of this: their pocket might not be large enough or they might find it extremely difficult to find a suitable teacher willing to undertake the work.

We have not, as yet, discussed Peter's relationship with other children. If there are other little children with whom Peter can play this should be encouraged, under the wise guidance of a friendly adult. Little children can be very cruel and might quite unwittingly cause Peter unnecessary suffering, but if they can be encouraged to play with Peter and his toys it will be good for Peter and will serve as an excellent character training for them.

The social worker should be able to advise Peter's parents or guardians where the nearest hospitals are in the particular district which specialize in diseases of the eye, ear, nose and throat, if they need medical attention of that sort for Peter.

The social worker called upon to assist and advise in the early upbringing of a deaf-blind child is doing pioneer work which will provide her with ample scope for ingenuity and originality. When her blind baby is one "case" out of a hundred or so she will be handicapped by lack of time, but if she is able to release a fellow from the isolation and bondage of deafness combined with blindness she will be amply repaid for her work,

II.

Mr. Dark is a blind man, who is losing, or has lost, his hearing. What can our social worker do to help him?

As Mr. Dark is already blind it is likely that he will be known to, or under the care of, the local agency which is responsible for the welfare of the blind resident in the area. In some cases this will be the local authority, in others it may be a voluntary organization which is empowered by the local authority to do the work for it. In either case he will be receiving the help appropriate to his case and the advice of a visitor, or he will know where he can obtain such service should he want it. One of the first things that the visitor will do when she realizes that deafness is coming, or has come, will be to teach the manual alphabet, not only to the blind person, but, and this is most important, to the other members of the family circle and friends. It is comparatively simple to learn; a person of average intelligence will soon master the alphabet, and once that has been learned practice alone is needed. It is of vital importance that those around Mr. Dark and those who come in daily contact with him should also be able to communicate with him, otherwise his ability to understand the manual alphabet will have very limited use. The blind person who loses hearing in adult life will be able to speak, and except that with the onset of deafness speech may become unnatural in intonation there is not a great deal of danger that it will not be understood by other people. Mr. Dark will thus be able to express himself and will not suffer the terrible frustration which the dumb must suffer.

* If Mr. Dark does not already read either Braille or Moon he should be encouraged to learn it now. With the loss of hearing he is inevitably cut off from his fellows, unable to follow and take part in their daily conversation, unable to listen to the news on the wireless and unable to read the ordinary print. He is entirely isolated. Indeed, it seems essential to be able to read one of the embossed types if mental stagnation is to be avoided.

So often the person who is handicapped by either deafness or blindness is treated rather as an individual apart, different from others, when what that person most desires is to be treated as an ordinary citizen. Handicapped people resent, and rightly, this lack of understanding by their companions. A visitor to Mr. Dark's home will watch for an artificial atmosphere of this sort. By talking to the friends and neighbours and interesting Mr. Dark himself in their activities she will help him to be one of the family circle rather than one apart from it.

The struggle against blindness and deafness is hard, and the social worker will need all the resourcefulness she can muster to enable her to encourage Mr. Dark to toil against such great odds. The knowledge that others have successfully overcome

great handicaps will, perhaps, provide Mr. Dark with an incentive to further exertion. Here the visitor may be able to help by introducing to Mr. Dark the lives of well-known people who have become famous in spite of grave disabilities. The names of Spencer, Beethoven, Pope, Stevenson, Delius, and of course Keller, come to mind. If Mr. Dark is not already familiar with the lives of some of these outstanding men the visitor may be able to interest and encourage him with the stories of their achievements.

Presumably the blind person who loses hearing will have already the privileges granted to the blind, either by legislation or voluntary effort. The deaf as a separate group are not catered for in any way comparable with the blind as a group. There is as yet no Deaf Persons Act. The only legislation which concerns the deaf, at present, is the Education Act, which deals with the education of deaf children from five to sixteen years of age in special schools.

There are various voluntary bodies with which the social worker should be familiar and which might be called upon to help the newly deaf. The most important of these is the National Institute for the Deaf. It exists to provide for the welfare of the deaf and attempts to supply those services which the State neglects to furnish. Its activities are varied and include the establishment of institutions and homes, the promotion of legislation, the conduct of research in any matters concerned with the welfare of the deaf, collection of funds, and, in short, the furtherance by propaganda or practice of any matter affecting the interests of the deaf. It attempts to relieve deafness, where possible, by means of mechanical or electrical aids and also to prevent the "exploitation of deafness whether by medicine or appliances or in any other way."

The ability to measure sound scientifically has led to some interesting experiments on hearing and to the knowledge which makes it possible to measure the degree and nature of deafness. Sound waves vary in frequency from about ninety cycles per second for a deep voiced man to about three hundred for a high-voiced woman. The vowel sounds vary from about three hundred to three thousand cycles per second, and the consonants consist mainly of high frequency sounds above two thousand cycles per second. It is technically possible to remove, by means of a sound filter, certain specified sounds.

Some people are deaf to the high frequency sounds, others are deaf to the low frequency sounds, while others may have a particular island of hearing. By means of a pure tone audiometer it is now possible to measure the nature of a patient's deafness. Deaf aids can be constructed scientifically to suit the sort of deafness from which the person suffers and it will be readily understood how easy it would be for a layman to be exploited or

ill advised when purchasing a deaf aid without professional advice. To provide this advice hearing-aid clinics have been established in various parts of the country. The first of these clinics was founded in connection with the department for the education of the deaf at Victoria University, Manchester. Since then several have been opened, including a large one opened at the request of the National Institute for the Deaf at University College Hospital. It may be that Mr. Dark's deafness could be relieved by an electrical hearing aid, and the social worker should be able to tell him all about the clinic and also where there is one. The procedure adopted at the clinics is shortly this: the patient is first examined, and if necessary treated by the otologist. He then attends the clinic for tests and advice as to the best hearing aid for him. Then one is either lent to him for a short time by the clinic or he is given a letter of recommendation to a recognized commercial firm, where he will be able to obtain one on approval for a short time. The clinic acts as a sort of agent for the electrical firm, and the almoner's department deals with the money matters. Special arrangements are sometimes made, as at University College Hospital, for those patients who can afford to pay the usual professional fees for the advice they receive. The acquisition of such an instrument by Mr. Dark would lessen the terrible isolation which might otherwise arise. It is important, however, that he should have professional advice when making the selection.

An electrical deaf aid might be of use to Peter and for similar reasons professional advice should be sought. If he has any hearing at all it might make all the difference between his being able to speak and being a deaf-mute.

There are, in some districts, deaf and dumb missions, churches or associations which do useful work among the deaf, and they will usually include a deaf-blind person. In the case of deafness only, the organization provides facilities for worship, runs social clubs, provides interpreters, finds employment, etc. Their services, so far as funds allow, are very comprehensive. It may interest Mr. Dark to have the companionship of other deaf people and then he would welcome the social activities of the local mission or society.

III.

Mr. Quiet is a deaf man who has lately lost his sight.

As Mr. Quiet was already deaf when he lost his sight we will assume, although this does not always follow, that he is known to the local society interested in the deaf. We will also assume that he is familiar with the manual alphabet and has had advice concerning a deaf aid. If Mr. Quiet is not known to the appropriate association for the deaf the social worker will help him in the same way as she has done Mr. Dark.

If Mr. Quiet was working it is likely that with the onset of blindness he will be unable to continue. He would have been working, most likely, as an employee in the usual labour market, whereas if Mr. Dark was working when deafness overtook him it would probably have been in industry, in a workshop for the blind, or as a professional man. If hearing is not essential to his particular job Mr. Dark may be able to continue his occupation, but not so Mr. Quiet, who will be working in competition with normal men and women; few employers would retain him in the circumstances.

The social worker's first job then will be to attend to his creature needs. When he is registered as a blind person he will become eligible for all the assistance and facilities which legislation and voluntary effort makes available for a blind person, provided he satisfies the appropriate conditions. Application for domiciliary assistance, for State Old Age Pension, for free travel pass—if local transport authorities make this concession to the blind in the area—will immediately be made by the visitor. Here we have assumed that Mr. Quiet is in necessitous circumstances, but the visitor would of course ascertain tactfully whether such assistance was needed.

If Mr. Quiet is a young man, the question of training for future employment must be considered and his name, together with a record of his educational achievements and past occupation, should be submitted to the advisory committee if it appears that in spite of his handicaps he would be able to take advantage of further training.

Mr. Quiet will already be familiar with the manual alphabet and we hope will soon become accustomed to reading by touch and not sight.

It will be remembered that, as a deaf person, Mr. Quiet will have been trained to use his sight to compensate for the lack of hearing, and blindness may make him feel, and be, very helpless. Some advice about elementary precautions for finding his way about, etc., may help at this stage, and the visitor should warn the family not to leave furniture in unusual places or doors half open.

The question of teaching an embossed type will arise. Here, in deciding whether it shall be Moon or Braille, age, future prospects and other conditions must be taken into consideration. A possibility of further training almost makes Braille essential, but if blindness has come late in life Moon may supply all the literature that is needed.

Most voluntary societies for the welfare of the blind arrange social and pastime clubs periodically. A club of this sort facilitates the interchange of ideas, problems and difficulties. The realization that other people are handicapped and are able

to overcome their disability may help Mr. Quiet to adjust himself to his new life.

There is, at Hoylake, a Holiday Home for the deaf-blind, run by the Deaf-Blind Helpers' League. If either Mr. Dark or Mr. Quiet needs a holiday, arrangements might be made for them to go to Hoylake.

The *Braille Rainbow* is a quarterly magazine which is devoted to the interests of the deaf-blind. Blind-deaf readers will be interested in this magazine.

Both Mr. Dark and Mr. Quiet will find it difficult to get sufficient exercise. Gardening would help to remedy this in part, if there is a garden or allotment available. In these days of the "Dig for Victory" campaign they would feel that they were doing their bit to help to win the war. Physical exercise in the open air will help to release that tension which the double handicap must impose on their minds and bodies. Some blind people are interested in keeping poultry or rabbits if they have space, and even if it is only a matter of one or two birds or animals which will not yield much food they will, nevertheless, satisfy the desire to be doing something useful.

Both will be eager for news of happenings in the world generally, whether in peace or war, and will be interested in local activities. A visitor will soon learn of their various interests and will go suitably prepared to discuss them.

It is impossible, in a paper of this length, to do more than generalize. The people that the social worker is called upon to help may differ enormously. They may have divers interests, be of diverse character, of varying intelligence; they may be rich or poor, old or young; all these factors, and others, will have to be taken into account if the social worker is to be able to help any person to lead a fuller and more useful life. Indeed, the very fact that no two people are alike should provide her with an absorbing interest when she is helping others, less fortunate than herself, to the best that life holds for them.

ESSAY

submitted by

Miss EDITH M. TAYLOR.

According to statistics compiled 1930 to 1932 by the late Dr. Eichholz, C.B.E., with the aid of the Counties Associations for the Blind, there were at that time no known congenital deaf children who had lost their sight before reaching five years of age, and only 18 children were recorded as having done so between five and sixteen years. From these figures it may be safely concluded that the number of young children suffering this double isolation is at all times relatively small, although at all times to be deprecated. It follows from this fact, without taking the particular problems of these children into consideration, that any help which is to be given, which does not require that these youngsters shall be gathered together in one place, must necessarily be of an individual nature.

Although Helen Keller was a perfectly normal child until the age of nineteen months, when she became totally blind and deaf, she nevertheless, in her writings, points out to us the problems which face those called upon to help the congenital deaf and blind child, and also indicates their solutions, providing that the child is otherwise normal. Of her early days she writes: "Before my teacher came to me I did not know that I am." "My inner life then was as a blank, without past, present or future, without hope or anticipation, without wonder or joy or faith." Speaking also of her early childhood, Dr. Kerr Love writes: "For five years she led the life of a misunderstood and misunderstanding child." And then her teacher, Miss Anne Sullivan (Mrs. Sullivan Macy) arrived from Boston. From that time forth the world became an interesting, partly-knowable place for little Helen Keller. She writes: "I only know that after my education began the world which came within my reach was all alive. . . . It was the awakening of my soul that first rendered my senses their value, their cognizance of objects, names, qualities and properties. Thought made me conscious of love, joy and all the emotions. I was eager to know, then to understand, afterward to reflect on what I knew and understood."

The young blind-deaf child (I use the term "blind-deaf"—as did Dr. Eichholz—to include various states and combinations of deafness and blindness, including those specified in the questions) experiences both the social and physical isolation peculiar to the blind child, and the social, physical and mental isolation which is

the lot of the congenital deaf child. Such a child has been likened to an animal, but to my mind this is an incorrect simile, unless the young animal is also blind and deaf, for the normal pup, cub or kitten has normal communication with others of its own species and often with members of other families, but the blind-deaf child is isolated even from its own mother, who is often hurt by her inability to interpret and satisfy some of the child's quite primitive physical desires. Although it is possible for a "good" mother to train her child in clean habits and to live an ordered life, some mothers seem to be incapable of doing this, and in consequence the first teacher to come into contact with the child often comes face to face with one uncontrolled because misunderstood, and unclean in habits because he has never been trained to be otherwise. However, even the best mother in the world can do little to help her blind-deaf child until some means of communication is established, until the child gains some knowledge of the people and things in the world around him, until his soul is awakened as was Helen Keller's soul—by education, by loving, skilled instruction.

There is no specific clause in any Education Act making school provision compulsory for the blind-deaf from five to sixteen years of age, as in the cases of the blind and the deaf, and indeed no one special school is provided for these children, as the need for such a school has not yet been manifest. Perhaps this is because the whole problem of helping the blind-deaf is so essentially individual. Doctors and district nurses will probably be the first people, apart from the parents, to detect cases of this double affliction. If the people concerned with the welfare of the child approach the local education authorities, arrangements will be made for the child to attend one of the nursery schools for the blind, which are controlled by the National Institute for the Blind, or a residential school having departments for both blind and deaf children. Such schools are established in Stoke-on-Trent and at Gorleston-on-Sea. Several blind-deaf children have also been admitted to the residential school for deaf defective children at Penn, and various other schools for the blind or the deaf throughout the country. The first problem to be tackled by the school which eventually admits the child is the all-important one of establishing some means of communication with the youngster, unless, of course, the child is exceptionally unruly, in which case he must first be aided to become acceptable to the community. The solving of this problem is, in many ways, closely allied to the problem of establishing contact and deliberate communication with the child. This task is often entrusted to a trained teacher of the deaf. Such a teacher either holds the Diploma of The National College of Teachers of the Deaf or has received training in the Department of Education of the Deaf at the Manchester University. Use is made of any helpful hearing

which the child may possess and speech may be taught, but often the child is totally deaf, or at least possesses very little useful hearing, and then communication has to be established by means of the manual alphabet for the deaf-blind. The process of imparting language to the blind-deaf child, once the desire to know and to understand has been aroused, is extremely slow, but when the child has established a small vocabulary of words which he needs and desires to use, it is considered important by some authorities that he should then be handed over to a trained teacher for the blind—a teacher holding the Diploma of the College of Teachers of the Blind—who, collaborating with the teacher of the deaf, can teach the child Braille or Moon, according to the abilities of the child, and elementary handicraft. This is the ideal arrangement and is carried out in those schools having departments for both the deaf and the blind. Whatever arrangements are made by the different authorities, however, the usual result is that the once completely isolated blind-deaf child finds the companionship which he so desperately needs, the physical and mental health are maintained (usually greatly improved); he finds occupations and the once recurrent displays of temper, due to misunderstandings, frequently disappear. In short, the child finds some degree of happiness, according to his own capabilities and to the love and capabilities of his teachers and friends.

Having progressed thus far, it is the concern of those authorities and individuals having the welfare of the congenital deaf and blind child at heart, that some suitable manual training should be given which will enable those who are capable to contribute to their own support in later life. To this end all blind-deaf children (registered cases usually) are, sooner or later, transferred to a school for the blind, where specific training for industry is given. Particular facilities for the industrial training of these children have been provided for many years now by the Royal School for the Blind at Leatherhead, with extremely good results, about one-half of those receiving training having been found employment either in the institution workshops or elsewhere (44 per cent in 1932). The very fact that so many blind-deaf children can be enabled to find employment means that they can be helped in this way to lead fuller and happier lives, knowing that they are, to some extent if not fully, independent and of service to the community. The methods employed to bring about this independence are methods which, in themselves, diminish day by day the isolation due to the double handicap of these people. There are, unfortunately, many children in this category who will never be able to do much to help themselves. In such cases, social workers can only provide help of the type indicated above, in so far as the individuals concerned are capable of receiving and profiting by the aid which is offered. These children,

on leaving school—some of them never attend any school—either remain with their own families and are visited by home teachers, voluntary visitors, missionaries for the deaf, and health visitors, etc., or, because they are physically or mentally defective in other ways, and in some cases without responsible relatives, they drift into public institutions of various kinds and are visited there.

At this point the problems confronting the social workers amongst the congenital deaf who have lost their sight in infancy are closely connected with those to be faced by the workers when they come into contact with the blind and the deaf who have lost their hearing or sight in adult life. I now propose to enlist these workers and to refer to those organizations to which they can apply for aid—financial or otherwise. I shall then return to the special problems of sections 2 and 3.

Home teachers, who will also visit the deaf-blind, are employed by local authorities, voluntary societies, institutions and agencies for the blind, to which, as a rule, these teachers may apply for financial aid, materials, provision of medical aid, help in arranging holidays or outings, library books, etc.; in fact anything within reason which is required to promote comfort and happiness. Such requests for help are not always accepted by the society, etc., employing the home teacher, but may be passed on to other societies, e.g., a request for books from a man in a mental hospital was recently passed by a Counties Association for the Blind to the Deaf-Blind Helpers' League and to an institution for the blind. The College of Teachers of the Blind has instituted an examination for home teachers. Grants for the education and training of the blind-deaf are payable to local education authorities and to the managers of schools and institutions by the Board of Education.

Officers, who visit the blind-deaf in their own homes and give instruction in the use of a manual alphabet to those requiring it, are provided in London by the Royal Association in aid of the Deaf and Dumb. This Association also provides *home teachers* who teach pastime occupations to untrainable cases.

Voluntary visitors who understand to some extent the problems of the blind-deaf and who are able to communicate with them are associated with most of the official organizations for the deaf and blind and also with the voluntary organizations from which they receive any necessary aid.

The main organizations in England which provide help of this kind, i.e., which co-operate with the social workers, are: (1) The National Institute for the Blind, (2) The National Institute for the Deaf, (3) The Counties Association for the Blind, (4) The Royal Association in aid of the Deaf and Dumb, (5) The Missions for the Blind and Deaf, (6) The National Deaf-Blind Helpers' League, (7) The National College of Teachers of the Deaf and (8) The College of Teachers of the Blind,

There are other isolated local societies interested in the welfare of the blind-deaf. The Toc H does a welcome amount of social work amongst these people in some localities, but those listed above are the main bodies interested in blind-deaf people, for whom of course, in cases of any particular need, the usual social services are always available (e.g., in cases of bad housing conditions the aid of the Public Assistance Authority may be enlisted). Social workers coming into contact with cases requiring a large supply of literature may refer to the National Library for the Blind in this connection. The case recently came to the present writer's knowledge of an unregistered blind-deaf man who had been living for some years on benefits derived from the Public Assistance, and in this instance the welfare workers applied for aid, in respect of ophthalmic examination and the purchase of new spectacles, to the Public Assistance Officer. The man was not found to be certifiable under the Blind Persons Act, 1920, and so was unable to claim a pension at the age of 40. Such a pension, had the man been duly registered, would have been applied for, through the usual channels, by the welfare worker.

Missioners for the Deaf in various localities visit the blind-deaf in their homes as frequently as they are able, and in some instances work in collaboration with the secretary of the institution for the blind or blind society in the locality. These missioners for the deaf are responsible to the mission by which they are employed and to which they turn for any help which they may require during the course of their various activities. There has recently been established an examination for those wishing to obtain recognized status as deaf missioners.

Health visitors occasionally visit the blind-deaf in their homes in some counties, but unless these visitors understand a manual alphabet they can bring little comfort with them. To understand a manual alphabet the social worker must be capable of *receiving* as well as of giving messages.

The problems to be faced by a welfare worker in connection with the blind who lose their hearing in adult life are, in many ways, very different from those which confront him when dealing with the deaf who lose their sight in adult life (categories 2 and 3).

Those who have always been registered as blind persons already have knowledge of either Braille or Moon type (or both). They have been trained, in so far as they have been found capable, in some trade, and have various pastime occupations with which to "amuse" themselves in their spare time. Thus, with the onset of deafness, although the people in this class are almost completely isolated from their friends and the world at large, at least it is within their power to read as many books as they wish for and to keep their fingers busy with occupations of various kinds. For them the greatest need is for friendship, for companionship

which will bring them comfort in their great loneliness. Thus, the first problem which must be tackled by the welfare worker is again that of establishing some means of communication by teaching one of the manual alphabets. This problem is not, of course, comparable with that of establishing communication with the blind-deaf child of category 1—for in this case the pupil has a background of language, whereas the child has no knowledge whatever of words and their meanings. However, the problem is sufficiently difficult. Once communication is established many welfare workers find that their greatest worry is to find the time to visit the people in their care as frequently as they would like, and an urgent need for large numbers of suitable voluntary visitors is indicated. Very few normal people could be satisfied by an intelligent conversation only once a week, and yet this is the lot of many people in categories 2 and 3, and in their cases there is simply "nothing" between the visits of the welfare worker in many instances. Some of the blind-deaf receive more than one weekly visit, but many do not even have visitors once a week.

The problems which face the welfare worker in connection with the deaf who have lost their sight in adult life seem to me to be even greater than those which he faces in dealing with those who have attended a school for the blind. Most of the people in this third category have attended a school for the deaf in their youth. In consequence their vocabulary is usually limited to those words which they were taught whilst at school, for totally deaf people (except in exceptional cases) do not, by reason of the nature of their defect, "pick up" "new" words easily, unless they are keen readers and possess helpful and sympathetic friends. Very few normal people read with a dictionary beside them, and the adult deaf are not less slipshod in their reading, but the value of the dictionary is not, in any case, so high as it would seem, for so many errors are possible in the choice of the word suited to the context, not to mention grammatical errors. Thus, in dealing with such a person, the welfare worker is trying to help one whose knowledge of language is comparatively limited, one who has no knowledge of any of the embossed types, and one who has had no (or little) manual training specially applicable to the new state of life. He is trying to help one, therefore, who is now not only cut off from his friends and from the world at large, but who also (unlike one blind from birth) is cut off from himself, in the sense that he cannot help himself by reading or by finding much to do in the way of manual occupations. He is trying to help one who, without his help, would have little in life beyond his own body and thoughts. Again, the first problem of the welfare worker is to establish communication, and for the first time this is comparatively easy, although limited, for very few deaf children lack all knowledge of the manual alphabet, even

though they have been taught by the oral method. Later, in order to enable the deaf who lose their sight in adult life to occupy themselves when alone, the welfare worker must teach them to read one of the embossed types, to help themselves domestically and to busy themselves with various pastime occupations. In suitable cases arrangements may be made for blind-deaf adults in this category (3) to attend a trade training centre, either daily or as a boarder. Reference has already been made to the Royal School for the Blind at Leatherhead, where a considerable number of blind-deaf persons have already been successfully trained to find paid employment. A few blind-deaf women have also been taught light occupations at the Clapton Home for Deaf Women, and various institutions for the blind throughout the country accept adult candidates for trade training and employment.

Whenever possible, efforts are made to provide employment for the members of categories 2 and 3, for this brings to them their greatest happiness, apart from the personal contacts which are not at all times possible. In cases where it is impossible for the blind-deaf to attend workshops and other places of employment, the welfare visitor makes arrangements, through one of the organizations enlisted, for those who are trained, to become home workers, the materials being delivered to the home, and the finished articles being collected later and marketed on behalf of the worker.

Social gatherings of blind-deaf people are organized periodically in some districts and these are fairly successful, especially in places where several members are only partially blind or deaf. The greatest difficulty in this connection seems to be that of finding people willing to bring and take home some of the members. Here again the need for more voluntary workers is manifest. Visits to holiday homes (e.g., to the Holiday Home for the Deaf-Blind at Hoylake) are sometimes badly needed by the blind-deaf, and these can often be arranged by the welfare worker through his organization. Outings of various kinds can be arranged in areas where there are sufficient helpers, and the voluntary visitors, who are willing to take the blind-deaf for short walks at frequent intervals, are often eagerly welcomed, especially when the guide can tell the one he is leading something of what is happening in the immediate vicinity.

Cases of partial deafness are usually referred by the social worker to his organization, which arranges for medical examination and for auditory tests to discover whether a hearing aid, either of the air or bone conduction type, will be of value. In those cases where the desirability of such an aid is confirmed, arrangements for its purchase are considered.

Gifts of chocolates, sweets and tobacco, etc., although considered trifles before the war, can bring much happiness to the blind-deaf, to whom small kindnesses often mean a great deal.

Throughout this essay I have referred to those of the blind-deaf community who have not any other particular handicap. Unfortunately, however, many members of this group (particularly the older members) have additional infirmities of various kinds—physical, mental and moral. Many of these people are in asylums and institutions of various kinds and are visited there by the various social workers, who give them such help as they are capable of receiving, along the lines indicated for the otherwise normal blind-deaf.

In conclusion, I should like to state that just as all normal members of our community have physical, mental and spiritual needs, so also have the blind-deaf, and whilst it is necessary to attend first to their physical and mental needs, those of the spirit are not neglected. Help in matters spiritual is again of an individual nature and is given (not only on Sundays) by the home visitors, and in particular by the home teachers and missionaries for the deaf.

REFERENCES.

- "Public Social Services"—NATIONAL COUNCIL OF SOCIAL SERVICE.
 "A Study of the Deaf in England and Wales"—Dr. A. EICHHOLZ, C.B.E.
 Reports on the Deaf-Blind—REGIONAL ASSOCIATION FOR THE BLIND.
 "The World I Live In"—HELEN KELLER.
 "Helen Keller in Scotland"—Dr. KERR LOVE.
 "Helen Keller. A Historial Sketch"—E. L. MUNDIN, B.A.
 Publications of *The Teacher of the Deaf*.
 Reports of various Missions.
 "Concerning the Blind"—J. M. RITCHIE, M.A., Ph.D.

Bibliography.

Compiled by Miss MARY THOMAS.

In addition to books and articles given below, literature dealing with the blind or the deaf as separate classes would be helpful to the student of the needs of the deaf-blind. Books on the blind can be consulted at the Library belonging to the College of Teachers, or at the National Institute for the Blind, 224 Great Portland Street, London, W.1. The National Institute for the Deaf, 105 Gower Street, London, W.C.1, has a library dealing with the deaf, which can be consulted. A detailed bibliography on deaf-blindness is contained in *Books about the Blind*, published by the American Foundation for the Blind (1940).

ANAGNOS, MICHAEL.

Helen Keller (1889).

Thomas Stringer (1900).

ANON.

Anecdotes of the Deaf, Dumb and Blind (1845).

Light in Darkness (1859).

ARNOULD, L.

Ames en Prison (1910).

BLAXALL, ARTHUR.

Handicapped (1934).

BRADY, NELLA.

Deliverer of Helen Keller (1934).

CARTON, L'ABBE.

Le sourd-muet et l'aveugle (1837).

EICHHOLZ, Dr. A.

Study of the Deaf in England and Wales (1932).

EVANS, EDWARD.

A Manual Alphabet for the Deaf-Blind (*Home Teachers' Handbook* (1934), pp. 84-88).

EWING AND LITTLER.

Use of Hearing Aids (1937).

Handicap of Deafness (1938).

FISH, ANNA.

Perkins Institution and its Deaf-Blind Pupils (1934).

FOWLER, R.

Observations on the Mental State of the Blind and Deaf and Dumb (1860).

HOWE, MAUD.

Laura Bridgman (1904).

KELLER, HELEN.

Story of My Life.

Midstream (1930).

The World I live in.

Helen Keller in Scotland (1933).

Helen Keller's Journal (1938).

The above are autobiographical. The number of articles on this famous American woman would take up too much space to be included here.

KERRIDGE, PHYLLIS.

Hearing and Speech in Deaf Children.

Hearing Aids.

KITTO, J.

Lost Senses (1852).

MERRY, RALPH.

Application of Psychological Tests to the Deaf-Blind (Article in *The Volta Review*, September, 1932).

MONTAGUE, MARGARET.

Closed Doors (1915).

RICHARDS, LAURA.

Laura Bridgman (1928).

ROCHELEAU, CORINNE.

Normality for the Handicapped.

ROCHELEAU, CORINNE (with REBECCA MACK).

Those in the Dark Silence (1930).

STONE, W. M.

Education and After-care of the Blind-Deaf. Paper read at International Conference (1914).

TAYLOR, E. M.

Music and Light in the Dark Silence (1936).

TILNEY, FRED.

Comparative Sensory Analysis of Helen Keller and Laura Bridgman (1929).

WADE, WILLIAM.

The Deaf-Blind (1901).

NATIONAL INSTITUTE FOR THE BLIND BULLETINS.

Handbook on the Deaf-Blind (1932).

The Deaf-Blind (Survey in Northern Counties region) (1938).

MAGAZINE ARTICLES.

In addition to a number of articles which have appeared in the American journals, *Outlook for the Blind*, *Teachers Forum* and *Volta Review*, the following have appeared :—

Teacher of the Blind— •

- 1931—The Blind-Deaf (Barnes), pp. 138-141.
- 1933—Blind-Deaf (Eichholz), pp. 115-118.
- 1934—Teaching the Deaf-Blind (Andrews), p. 135.
- 1936—Care of the Blind-Deaf (Irving), pp. 201-203.

The New Beacon—

- 1931—Deaf-Blind Child's Outlook, p. 61.
- 1932—The Deaf-Blind (Tate), p. 102.
- 1934—Stories of Deliverance, pp. 221, 255, 283.
- 1935—Stories of Deliverance, pp. 130, 165.
- 1936—Deaf-Blind Problem from Within (Le Pla), pp. 225, 266, 294, 323.
- 1939—Terrible Ordeal (Le Pla), pp. 150, 179, 207, 240, 293, 321.
- 1940—Terrible Ordeal (Le Pla), p. 18.
- 1942—Behind the Silent Façade (Merlyn), p. 17.
- 1942—The Deaf-Blind : An Emphasis on Deafness (Edward Evans), p. 40.

Addresses of organizations that assist the deaf-blind.

NATIONAL DEAF-BLIND HELPERS' LEAGUE. Hon. Secretary : Mrs. Johnson, 40 Green Road, Hall Green, Birmingham 28.

Objects : To brighten the lives of the deaf-blind and to provide them with a Holiday Home and Hostel. Publishes quarterly—

Braille Rainbow, 3/- per annum; applications for copies to be sent to Miss Twigg, 75 Barnt Green Road, Rednall, near Birmingham.

Moon Rainbow; applications for copies to be sent to Miss Webber Jones, 6 Cowper Road, Berkhamsted, Herts.

Holiday Home : Fellowship House, Trinity Road, Hoylake.

NATIONAL INSTITUTE FOR THE DEAF, 105 Gower Street, London, W.C.1.

Acts as co-ordinating body, with affiliated Regional Associations;

Gives advice with regard to hearing aids, and information on all matters relating to the deaf.

ROYAL ASSOCIATION IN AID OF THE DEAF AND DUMB, 413 Oxford Street, London, W.1.

Works for the social, spiritual and material welfare of the deaf, and has a special worker devoted to the interests of the deaf-blind in London, Middlesex, Surrey and Essex.

NATIONAL INSTITUTE FOR THE BLIND, 224 Great Portland Street, London, W.1.

Has Home for the deaf-blind of both sexes : Westlands, Cold Bath Road, Harrogate. Publishes manual alphabet for the deaf-blind, with photographs, 3d. net.

NATIONAL CONSULTATIVE COMMITTEE ON THE DEAF-BLIND.

Has carried out surveys on the deaf-blind, and is interested in all problems relating to their welfare.



